

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/368,542	FILING DATE 7-26-99						
						APPLICANT(S)							
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51						
2							52						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	1	1	3	1		TOTAL IND.	10	1	1	1	1	1
TOTAL DEP.	5	1	1	2	1		TOTAL DEP.	10	1	1	1	1	1
TOTAL CLAIMS	55	1	1	14	1		TOTAL CLAIMS	55	1	1	1	1	1